



FIRST THINGS FIRST

Ready for School. Set for Life.

Health Policy Advisory Committee Meeting

Meeting Notes

November 18, 2010

Proposed Objectives:

- Launch the Health Advisory Committee as one of three sub-groups of the Policy and Program Committee.
- Explain the history, background, structure and strategy of the advisory committee structure of the FTF Board and how it fits within the Arizona Early Childhood System.
- Provide an opportunity for the committee to review previous work and to project general objectives for FTF in the health arena.
- Come to consensus on the purpose, job description and other basics about the committee.
- Get to know one another better.

Agenda:

⌘ Call to Order	<i>Jeanette Shea, Co-Chair</i>
Welcome and Introductions	<i>Pat VanMaanen, Co-Chair</i>
⌘ Setting the Stage	<i>Leslie Anderson, Facilitator</i>
⌘ History, Background, Structure and Strategy	<i>Rhian Evans Allvin</i>
⌘ Consensus on Group Norms	<i>Leslie Anderson</i>
⌘ Review of Work of Previous Health Committees and Projection into the Future	<i>Participants</i>
⌘ Committee Purpose and Job Description	<i>Participants</i>
⌘ Review of a Definition of Child Health for the Committee's Use	<i>Participants</i>
⌘ Future Work and Next Steps	<i>Jeanette Shea, Co-Chair</i> <i>Pat VanMaanen, Co-Chair</i>

Group Discussion Notes

Discussion Question: What worked with the previous committees?

Committee's Answer:

- Respect by members for each other – affection
- We were talking about issues – hope for change/progress.
- Diversity of input. It worked and was hard. Input ranged from prevention to direct care.
- Venue for conversation. Group convened regarding issues.
- An effort was made for statewide programs/regional programs to plug into each other.
- Group has expanded its focus over time.
- Some programs were actually funded.

Discussion Question: What should be done differently in the future?

Committees' Answer:

- Spend more time so that work of group extends beyond "State of Maricopa."
- Conversation didn't have real context – it jumped from topic to topic. What is FTF's role in health? What is FTF willing to fund and not? Went straight to program strategies and specific populations and didn't have context to make decisions.
- Science of Public Health – we needed to be informed by it:
 - We'll be wiser and have impact if we are considering data.
 - Where do we touch system to have most appropriate impact?
- Where we don't have data – it must be acknowledged.
- Identify the ideal role that FTF can play and segregate where others fit.
- Scope/span was too big.
- Confusion as to the Committee's task and our role.
- Can't do strategic planning in 1 day – Child Health is a big topic. We needed time to reflect and have discussions (balanced by realities).
- For RPCs we need to think about impact – have time to plan – have bigger planning horizons.
- Data lags in current context and infrastructure. It may not make sense.
- Seeing the big, overall strategy of FTF by RPCs was hard.
- How policy or procedures are set up by FTF aren't necessarily how it works on the street:
 - We tried to express this and it was dismissed as being direct service.
- Needs & Assets reports have really good information.
 - How do we integrate it?
 - Specific data is good.
 - How do we take advantage of it and integrate it into the committee's work?
- Have a stable group. Get materials ahead of time.
- Be clear on timeframe and deliverables.
- Committee needs a clear feedback loop:
 - Committee makes decision;
 - Then reflects on it;
 - Then it goes up chain of command.
 - What happens if changes are made to the committee's work? They need to know about it.
 - Committee needs to know the outcome to be supportive and own it.
 - This ties back to RPCs.
- Look at current context of child health system in Arizona. Things need to make sense. We need to know how to make impact within this difficult context/reality.
 - Children have to cross over a lot of systems. It's complicated. We need to acknowledge it.
- Strategies are linked. Strategies need to be mutually supportive. Parents need to be educated.
- Meeting time a little later might help the committee be on time.

Discussion Question: What would success look like for this Committee?

Committees' Answer:

- Move those indicators positively and be able to articulate the movement.
- Be able to say why those indicators were selected by Committee and how programs were selected to move that indicator. Be able to say how it all links together in a cogent fashion.
- A decrease in avoidable, preventable negative child well-being situations.
- Have data collection system and be able to see how indicators are impacted
 - Understand how Federal government and other players impact the system.
 - Two levels of data: universe of indicators → FTF selected.

- Reduce the number of indicators that are focused on.
- Committee understands the integrative nature of the field.
 - We have a living strategic planning document – one that changes.
- Members of the Committee change. Some stay, some go, others come in.
 - Need new crop of players.
 - Regional and state level players.
- Nourish the committee's work.
- Committee begins to articulate discussion of cost:
 - Establish cost and benefits for strategies.
 - Need to be able to articulate and defend system with disparities in it.
 - Should inform RPC's work as well.
 - Put forward parameters.
- With strong process we should be able to be clear about how health fits with other early childhood arenas and disciplines.
- Work with staff to see administrative efficiencies:
 - Make program and strategies replicable.
 - Work up best practices.
- Define the frame within which the Committee's work lives (from the Priorities Task Force) – what are the parameters?
- System Service priorities/leadership priorities: are they measureable? Too many? Are they specific enough?

Next Steps:

- More information on how FTF's Board understands "health care services and coverage" as stated in the *System & Priority Recommendations* document:
 - How much flexibility does the Committee have in working with the Service Priority statement?
 - What do each of the words in the priority statement mean?
 - How do you prioritize behavioral changes in people regarding their health (prevention) in addition to "access"?
- Consider child health definition and other definitions.
- Policy process and protocol addressed.
- By May 2011 indicators for Health need to be forwarded to the Program & Policy Committee
 - What is the role of indicators? What is their duration? (Couple of years? by 2014?)
- Review boundaries/constraints of system priorities.
- What are other states doing with indicators?
- Longitudinal indicators – how do they fit in?
- We need time to look at indicators and source of data for them.
- Tell Committee what indicators the longitudinal study is using.
 - Have the university consortium visit with Committee.
- Send the Committee the *Needs & Assets* summary on Health and consider that data.
- What are the indicators we started with?
- Should we define indicators first in our process?
- Do crosswalk between the two documents on Health.
- Put together report on changes in Arizona Health context in last several years.

Individual Written Question: What Will Help You Be Energized and Engaged about Your Involvement in This Committee?

- Seeing actions and results in communities.
- See R.H. outreach and Oral Health Screening on state level and extended to more areas.
- That the work we do together will make a positive, concrete difference in the lives and well-being of kids and families.
- Plan that integrates Health into all aspects of FTF.
- To have a plan that all Regional Councils can understand.
- Strategic Level:
 - Clear definitions/parameters of how recommendations will be reviewed by Program & Policy Committee and Board.
 - Continued emphasis on medical/bh/oral health/education integration at special populations and general populations strategies.
 - Understanding and revisiting statewide vision regularly.
 - Reassessment on ongoing basis for improvement.
- Community Level:
 - Focus on pipeline of new members. Clarity and effective communications of health recommendations to Regional Councils.
- Practical:
 - Regular communications.
 - Materials ahead of time.
 - Clear expectations of committee members.
 - Meeting dates set well in advance.
- Clear committee purpose and goals.
- Full support from Board for work.
- Acknowledgment of Health Issues as being important by Board.
- Full support from staff.
 - *i.e.*
 - ♦ Materials ahead of time.
 - ♦ Data to be aware of work and decisions to be made.
 - ♦ Time to adequately complete work.
- That our group is seen as inclusive of all relevant partners in improving health issues for children 0-5.
- Knowing that the Committee's work is producing REAL achievable goals and guidance to the program and Regional Councils.
- Work is relevant to expertise.
- Feel respected for previous work (School Readiness Board, Health Committee).
- Be heard.
- Shorter meetings.
- Specific tasks/deadlines – deliverables.

- Clarify “frame”.
 - Understand relevant cause/effect populations and Needs & Assets data
 - System existing (with frame goals).
 - Indicators and strategies consistent with above action via → state FTF → Regional FTF → dialogue with other agencies.
 - Find improvement on indicators.
- Focus on what is working.
- Opportunities to see areas to build on Health in broadest context.
- Clear articulation of appropriate priorities.
- Recognition that system infrastructure is changing area as creative approach.
- Creating a thoughtful Child Health agenda where input is acknowledged and results of operations are fed back to group.
- Impact – the group is important and not a figurehead role.
- Clear delineation between Child Development and Public Health Strategies.
- Effective communication of successes by FTF to the public.
- Concrete health indicators identified and followed/evolution.
- Specific strategies identified (L5).

And Another Thing....

- What information/concerns do Councils have and that we are not addressing? How to incorporate?

